

State PERM Universe Data Quality Guidance: Comparison to CMS-64 Financial Reports

(Updated: 2/16/10)

Purpose

States are required to compare their Medicaid PERM universes to CMS-64 Financial Reports to ensure that the universes are complete and accurate. Comparing the universe data to the CMS Financial Reports ensures that no small or unusual programs (likely not in MMIS) that appear on the CMS Financial Reports have been omitted from universe data and that the state is capturing all necessary data sources in the PERM universe.

State Responsibilities

CMS-64 Forms to use

CMS-64 Forms should be finalized 30 days after the end of the quarter (with some exceptions, i.e. Q1 FY 2010 is due to CMS February 15, 2010). PERM universe data submissions are due 15 days after the end of the quarter. States will therefore be required to compare a quarter's universe submission to the *two previous quarters'* CMS-64 Financial Reports. The table below describes the timeframe for which these reports are completed. For example: FY 2010 Q1 Universe Data Submission (Oct.-Dec., 2009) must be compared to Q3 (Apr.-June, 2009) and Q4 (July-Sept., 2009) Financial Reports.

Universe Data Submission Timeframe	CMS-64 Financial Reports for Comparison
FY10 Q1	FY09 Q3 & FY09 Q4
FY10 Q2	FY09 Q4 & FY10 Q1
FY10 Q3	FY10 Q1 & FY10 Q2
FY10 Q4	FY10 Q2 & FY10 Q3

However, if the state's *current* quarter's CMS-64 Financial Report is finalized when it comes time to conduct the comparisons, it is permissible to use the *current* quarter financial reports.

Comparison

States shall identify the portions of the CMS-64 Financial Reports that are not appropriate to compare to PERM universes (excluded claims, claims not paid at the beneficiary level, drug rebates, adjustments, etc.), remove these from the CMS-64 Financial Report Totals, and separate the CMS-64 totals between Fee-For-Service (FFS) and managed care. States shall then compare the CMS-64 Financial Report totals to their FFS and managed care PERM universes.

The analysis is a ballpark comparison. States should look for major dips or spikes or "significant" differences between PERM universes and CMS-64 Financial Reports as defined by the state.

Submission Requirements

States shall submit their comparison results to the Statistical Contractor with their quarterly PERM universe submissions. In the results submitted, the state should confirm that no programs that appear on the CMS Financial Reports have been omitted from the universe and include an explanation for any significant variance the state may have found. If a payment is on the CMS Financial Report and qualifies for the PERM universe, it must be reflected in the universe data. A template the state can use to submit comparison results is provided in Attachment A. In addition, states may choose to submit supporting worksheets to the SC.

Statistical Contractor (SC) Responsibilities

CMS-64 forms used by the SC

As part of its quality control process, the SC will compare each state's quarterly universe to that *same* quarter's CMS-64 Financial Report.

Comparison

CMS provides the SC with the current quarter CMS-64 Financial Reports for each state. The SC groups the data on the CMS-64 Financial reports as follows:

- The CMS-64.9 Base and 64.9 Waiver forms are used to calculate the total comparable amounts
- The lines in the CMS-64 Financial Report are divided into one of three groups: dropped lines, FFS lines and managed care lines.
 1. The dropped lines include: DSH payments (1B and 2B), drug rebates (7A1 and 7A2), Medicare Health Insurance Payments (17A and 17B), and poverty (17C1 and 17C2)
 2. FFS lines include: 1A, 2A, 3, 4A, 4B, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17D, 19, 20, 23, 24, 25, 26, 27, 28, and 29
 3. MC lines include: 18A, 18B1, 18B2, 18C, 18D, 18E, and 22

The SC then compares each state's universe data totals with the same quarter's CMS-64 Financial Report totals. An example of the SC's base financial comparison workbook is provided in Attachment B. The SC will discuss any variation to these lines in the way a state claims it federal matching with states.

Follow-up with States

The SC is required to follow up with any state whose variance between its quarterly universe total and that quarter's CMS-64 Financial Reports is over 15%. The SC will contact each state for an explanation for the variance. If universe issues are identified, the SC will work with the state to correct the issues as soon as possible.

Once the state has submitted all four quarterly universes to the SC, the SC will compare all four quarters worth of universe data to all four quarters of CMS-64 Financial Reports. The SC is required to follow up with any state whose variance between their FY 2010 PERM universe total and their FY 2010 CMS-64 Financial Report totals is over 5%. The SC will contact each state for an explanation of the variance and dollar values associated with the explanation.

The SC will provide a final comparison report to CMS which lists the variance between each state's PERM universes and CMS-64 Financial Reports.

Attachment A

PERM Universe/CMS-64 Financial Reports Comparison Results

State:

Program: Medicaid

Quarter:

Universe (check one): ☐ Fee-For Service ☐ Managed Care

PERM Universe Total	Previous Quarter CMS-64 Total	Two Previous Quarter CMS-64 Total
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Explanation for Significant Variances:

Conclusion:

Attachment B

Base Financial Comparison Workbook Example

64.9 Base				64.9 Waivers				64F		
1A - Inpatient Hospital Services - Regular Payments	State	\$50,795,384		1A - Inpatient Hospital Services - Regular Payments	State	\$0		6.A. - From For State		0
1B - Inpatient Hospital Service - DSH Adjustment Payments	State	\$0		1B - Inpatient Hospital Service - DSH Adjustment Payments	State	\$0	EXCLUDED FROM CALCULATION	6.A.1. - From For State		0
2A - Mental Health Facility Services - Regular Payments	State	\$3,182,634		2A - Mental Health Facility Services - Regular Payments	State	\$0		6.B. - From For State		0
2B - Mental Health Facility Services - DSH Adjustment Payments	State	\$0		2B - Mental Health Facility Services - DSH Adjustment Payments	State	\$0	EXCLUDED FROM CALCULATION	6.C. - From For State		0
3 - Nursing Facility Services	State	\$39,281,611		3 - Nursing Facility Services	State	\$0				
4A - Intermediate Care Facility Services - Mentally Retarded: Public Providers	State	\$4,882,193		4A - Intermediate Care Facility Services - Mentally Retarded: Public Providers	State	\$0				
4B - Intermediate Care Facility Services - Mentally Retarded: Private Providers	State	\$10,234,372		4B - Intermediate Care Facility Services - Mentally Retarded: Private Providers	State	\$0				
5 - Physicians' Services	State	\$17,679,635		5 - Physicians' Services	State	\$0				
6 - Outpatient Hospital Services	State	\$12,859,561		6 - Outpatient Hospital Services	State	\$0				
7 - Prescribed Drugs	State	\$28,641,283		7 - Prescribed Drugs	State	\$0				
7A1 - Drug Rebate Offset - National Agreement	State	(\$15,683,608)		7A1 - Drug Rebate Offset - National Agreement	State	\$0	EXCLUDED FROM CALCULATION			
7A2 - Drug Rebate Offset - State Sidebar Agreement	State	(\$2,729,902)		7A2 - Drug Rebate Offset - State Sidebar Agreement	State	\$0	EXCLUDED FROM CALCULATION			
8 - Dental Services	State	\$3,378,073		8 - Dental Services	State	\$0				
9 - Other Practitioners' Services	State	\$9,650,093		9 - Other Practitioners' Services	State	\$0				
10 - Clinic Services	State	\$20,264,715		10 - Clinic Services	State	\$0				
11 - Laboratory And Radiological Services	State	\$5,408,309		11 - Laboratory And Radiological Services	State	\$0				
12 - Home Health Services	State	\$1,543,430		12 - Home Health Services	State	\$0				
13 - Sterilizations	State	\$664,853		13 - Sterilizations	State	\$0				
14 - Abortions No.	State	\$0		14 - Abortions No.	State	\$0				
15 - EPSDT Screening Services	State	\$3,941,443		15 - EPSDT Screening Services	State	\$0				
16 - Rural Health Clinic Screening	State	\$1,009,405		16 - Rural Health Clinic Screening	State	\$0				
17A - Medicare Health Insurance Payments - Part A Premiums	State	\$844,687		17A - Medicare Health Insurance Payments - Part A Premiums	State	\$0	EXCLUDED FROM CALCULATION			
17B - Medicare Health Insurance Payments - Part B Premiums	State	\$6,863,103		17B - Medicare Health Insurance Payments - Part B Premiums	State	\$0	EXCLUDED FROM CALCULATION			
17C1 - 120% - 134% Of Poverty	State	\$302,247		17C1 - 120% - 134% Of Poverty	State	\$0	EXCLUDED FROM CALCULATION			
17C2 - 135% - 175% Of Poverty	State	\$0		17C2 - 135% - 175% Of Poverty	State	\$0	EXCLUDED FROM CALCULATION			
17D - Coinsurance And Deductibles	State	\$0		17D - Coinsurance And Deductibles	State	\$0				
18A - Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	State	\$0		18A - Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	State	\$0				
18B1 - Prepaid Ambulatory Health Plan	State	\$5,981,656		18B1 - Prepaid Ambulatory Health Plan	State	\$0				
18B2 - Prepaid Inpatient Health Plan	State	\$0		18B2 - Prepaid Inpatient Health Plan	State	\$0				
18C - Medicaid Health Insurance Payments: Group Health Plan Payments	State	\$1,079,306		18C - Medicaid Health Insurance Payments: Group Health Plan Payments	State	\$0				
18D - Medicaid Health Insurance Payments: Coinsurance And Deductibles	State	\$0		18D - Medicaid Health Insurance Payments: Coinsurance And Deductibles	State	\$0				
18E - Medicaid Health Insurance Payments: Other	State	\$0		18E - Medicaid Health Insurance Payments: Other	State	\$0				
19 - Home And Community-Based Services	State	\$0		19 - Home And Community-Based Services	State	\$37,835,276				
20 - Home And Community-Based Care For Functionally Disabled Elderly	State	\$0		20 - Home And Community-Based Care For Functionally Disabled Elderly	State	\$0				
22 - Programs Of All-Inclusive Care Elderly	State	\$100,000		22 - Programs Of All-Inclusive Care Elderly	State	\$5,000				
23 - Personal Care Services	State	\$3,654,091		23 - Personal Care Services	State	\$0				
24 - Targeted Case Management Services	State	\$3,495,920		24 - Targeted Case Management Services	State	\$0				
25 - Primary Care Case Management Services	State	\$3,904,247		25 - Primary Care Case Management Services	State	\$0				
26 - Hospice Benefits	State	\$2,535,549		26 - Hospice Benefits	State	\$0				
27 - Emergency Services Undocumented Aliens	State	\$2,890,178		27 - Emergency Services Undocumented Aliens	State	\$0				
28 - Federally-Qualified Health Center	State	\$2,755,402		28 - Federally-Qualified Health Center	State	\$0				
29 - Other Care Services	State	\$34,962,146		29 - Other Care Services	State	\$0				
30 - Total	State	\$264,372,016		30 - Total	State	\$37,840,276				
	FFS	\$267,614,527			FFS	\$37,835,276		check to make sure the programs summed here match the state's		
	MC	\$7,160,962			MC	\$5,000		matrix. Only needed Q1, Q2-Q4 will be the same.		
		\$274,775,489				\$37,840,276				

Financial Comparison Summary					
Total	PERM Data	Total CMS	Difference	%Diff	
Q1	\$320,444,461	\$312,615,765	\$7,828,696	2.50%	
Q2	\$340,111,082	\$325,496,078	\$14,615,004	4.49%	
Q3	\$328,223,595	\$324,771,787	\$3,451,808	1.06%	
Q4	\$0	\$0	\$0	#DIV/0!	
					*Make sure to check the State's Matrix to determine the split between FFS/FP & MC programs. This may change how the FFS and MC totals within the PERM data are calculated. When checked, change the lines below to "verified".
FFS	PERM Data	Total CMS	Difference	%Diff	
Q1	\$313,333,349	\$305,449,803	\$7,883,546	2.58%	
Q2	\$332,222,440	\$317,653,554	\$14,568,886	4.59%	
Q3	\$320,222,805	\$316,562,134	\$3,660,671	1.16%	
Q4	\$0	\$0	\$0	#DIV/0!	
Managed Care	PERM Data	Total CMS	Difference	%Diff	
Q1	\$7,111,112	\$7,165,962	(\$54,850)	-0.77%	
Q2	\$7,888,642	\$7,842,524	\$46,118	0.59%	
Q3	\$8,000,790	\$8,209,653	(\$208,863)	-2.54%	
Q4	\$0	\$0	\$0	#DIV/0!	